

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

Handwritten: Request A.S. 571 925 943 1/16/01 02/05/01 05-11-01 10-30-1

INDEX OF CLAIMS

< Rejected
 = Allowed
 - (Through numeral) ... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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